# 09/11/2014

Updates from the MT **Laboratory Services Bureau** 800-821-7284 www.lab.hhs.mt.gov



# **CAP LPX Survey Set B**

The CAP LPX survey Set B has been shipped to participating laboratories. Please take a few moments to review the instructions, along with the most current ASM guidelines, which can be accessed at asm.org.

This survey is used as an exercise to assess your laboratory staff's ability to perform sentinel laboratory responsibilities, and has three parts.

- 1. Using the ASM sentinel laboratory guidance, determine whether the organism can or cannot be ruled out as a select agent.
- 2. Prompt notification of the Montana Public Health Laboratory (MTPHL), and any internal notifications that may be part of your protocol, of those isolates that cannot be ruled out.
- 3. Proper packing and shipping of the suspect isolates to the Montana Public Health Laboratory.

Since these shipments are evaluated only for proper packaging and shipping, they are not opened as received. In addition to address and UN designation, please mark the box to identify its contents as LPX survey samples and DO NOT include patient cultures or other specimens in the box!

If you have questions regarding this exercise, please contact Lana Moyer, Imoyer@mt.gov, or Crystal Poppler, cpoppler@mt.gov, or call 800-821-7284.  $\circ$ 

# **BT Rule Out:**

# Virtual Skills Assessment Challenge (This is NOT the CAP-LPX)

This complimentary virtual exercise, Sponsored by the National Laboratory Training Network (NLTN), will allow the microbiologist working in Laboratory Response Network (LRN) Sentinel Laboratories to participate in a series of three case studies. The goal of the exercise is to give the microbiologist the opportunity to safely participate in a virtual laboratory exercise and draw conclusions regarding each of three laboratory samples. Participants will determine whether it is more appropriate to rule out or refer each of the three virtual samples.

All case studies will be virtual. Images will be presented to the participant who will interpret the results of each laboratory test and determine next steps. Eventually, participants must decide whether it is appropriate to 'rule out' or 'refer' each specimen. The exercise will be open for participation only during a limited window of time. Following the close of the virtual exercise, participants who have completed the exercise will receive an email revealing the best answers for each of the three virtual samples. Supervisors may wish to ask their staff to participate in the virtual exercise and review the resulting worksheets in order to document laboratory competency in this area microbiology.

### DATES

- Exercise Registration: September 12-30, 2014
- Exercise Period: September 15-30, 2014
- Exercise Close: September 30, 2014

**COMPLIMENTARY REGISTRATION** for the course will be available at www.cdc.gov/labtraining. If you have difficulty with the online registration process, please email labtraining@cdc.gov

We realize the timing of this assessment is not favorable, given the LPX survey, and the providers of the virtual assessment have acknowledged this as well. However, they are hopeful that as many sentinel laboratories as possible will take advantage of this debut opportunity. If you have questions or would like further information regarding this first-time opportunity, please contact Lana Moyer, Imoyer@mt.gov or Crystal Poppler, cpoppler@mt.gov.

# **Save the Date!!**

This year's workshop, "Bioterrorism Preparedness for the Sentinel Laboratory", will be held at the Montana Public Health Laboratory on October 22nd.

We feel this venue will give participants the opportunity to meet the MTPHL laboratorians and see the work environment of the Public Health Laboratory first Also, portions of the hand. workshop will take place in our BSL3 laboratory, giving participants an opportunity to perform tasks under BSL3 conditions.

At the end of the workshop, participants will be able to:

- Discuss the role of the clinical laboratorian in presumptive identification of suspect agents of bioterrorism.
- Explain the safety implications of handling suspect bioterrorism organisms clinical specimens and isolates.
- Describe the clinical presentation and biochemical characteristics **Bacillus** of anthracis, Brucella spp., Burkholderia spp., Francisella tularensis, and Yersinia pestis.
- Outline the process referring suspect organisms to the Montana Public Health Laboratory.

Please make plans to attend!

# **Montana Communicable Disease Weekly Update**

Release date: 9/5/2014



### **DISEASE INFORMATION**

<u>Summary – MMWR Week 35 - Ending 8/30/2014</u> Preliminary disease reports received at DPHHS for the reporting period August 24–30, 2014 included the following:

- Vaccine Preventable Diseases: Pertussis (6), Varicella [chickenpox] (2)
- Invasive Diseases: (0)
- Enteric Diseases: Campylobacteriosis (6), Cryptosporidiosis (4), Giardiasis (3), Salmonellosis (6)
- STD/HIV: Chlamydia (67), Gonorrhea (10), Syphilis (0), HIV\* (0)
- **Hepatitis:** Hepatitis B, chronic (1), Hepatitis C, chronic (9)
- Vector-borne Diseases: (0)Travel Related Conditions: (0)
- Animal Rabies: (1, bat)Elevated blood lead: (3)

NOTE: The attached reports have multiple pages reflecting the following information: (1) cases for the past reporting week; (2) communicable diseases YTD; (3) clusters and outbreaks; and (4) a quarterly HIV/STD summary.

### **HOT TOPICS**

**West Nile Virus Update:** Mosquito surveillance has ended for the 2014 season. MT PHL confirmed positive mosquito pools in four counties: Big Horn, Blaine, Cascade, and Wibaux.

There have been 3 human cases of WNV reported out of Big Horn, Hill, and Teton counties.

Although temperatures are dropping, and mosquito counts are plummeting, please continue to stress the 5 D's of WNV prevention and visit <a href="http://www.dphhs.mt.gov/publichealth/cdepi/surveillance/westnilevirus.shtml">http://www.dphhs.mt.gov/publichealth/cdepi/surveillance/westnilevirus.shtml</a> or <a href="http://www.cdc.gov/westnile/">http://www.cdc.gov/westnile/</a> for additional WNV information. See attached WNV Week 35 Summary.

**Elevated Lead (Lead Poisoning) Update:** 11 jurisdictions have successfully created at least one lead poisoning investigation using MIDIS. Great job!

Montana Gonorrhea and Syphilis Update: Through August 30, 2014 (MMWR week 35), 230 gonorrhea cases have been reported as compared to 119 gonorrhea cases through August 31, 2013. Nearly 75% of the cases in 2014 are from seven counties (Big Horn, Cascade, Glacier, Lake, Roosevelt, Rosebud and Yellowstone) and 64% of the cases in 2013 were from four counties (Lake, Roosevelt, Rosebud and Yellowstone). County cases can include cases reported on American Indian reservations that lie within the county's borders. Through August 30, 2014 (MMWR week 35), 6 syphilis cases have been reported as compared to 5 syphilis cases through August 31, 2013.

## **INFORMATION/ANNOUNCEMENTS**

**Immunization Update:** The 2013 Childhood National Immunization Survey (NIS) results have been released. CDC has a new infographic available highlighting key findings from the 2013 NIS – Children (19-35 months). It can be found at: http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/infographic-2013.html.

The Montana Immunization Program will send out additional state specific information regarding both the Teen NIS and Childhood NIS rates.

<sup>\*</sup> A case is included if a new confirmatory test or report was received by DPHHS. Cases include both persons who were newly diagnosed and persons newly reported in Montana who may have been diagnosed in another state or country.

The infographic uses data from the MMWR article published on Friday, August 29, 2014 entitled, "National, State, and Selected Local Area Vaccination Coverage Among Children Aged 19-35 Months – United States, 2013." http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6334a1.htm?s\_cid=mm6334a1\_w

You can access all of the NIS- Children (19-35 months) data tables and figures online at: <a href="http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/index.html#chart">http://www.cdc.gov/vaccines/imz-managers/coverage/nis/child/index.html#chart</a>

Mark your calendar! The Montana TB Program is offering a one-day training event on Thursday, October 2, 2014 in Missoula, MT. The training follows the conclusion of the MPHA/MEHA Annual Conference in Missoula. More information, including the agenda and registration details will be available soon.

**WebEx Presentation - Using MIDIS for Elevated Lead (Lead Poisoning) Investigations:** Joel Merriman will be presenting a WebEx training that will review the Administrative Rules of Montana that pertain to lead investigations, as well as how to effectively use MIDIS for documenting appropriate follow-up for both children and adults. Call in information and links are below.

### Topic:

DATE: Tuesday, September 23rd

TIME: 9:00 AM

TOLL FREE CALL IN NUMBER: 1-877-668-4490

WEBEX LINK: https://hhsmt.webex.com/hhsmt/j.php?MTID=m31f5f5a26f7025ee49d8d1d10c7eed35

DATE: Thursday, September 25th

TIME: 2:00 PM

TOLL FREE CALL IN NUMBER: 1-877-668-4490

WEBEX LINK: https://hhsmt.webex.com/hhsmt/j.php?MTID=mce90fd181cfacf00d291ddcb84ce6c91

### **OTHER RESOURCES**

Ebola: http://www.cdc.gov/vhf/ebola/

<u>Pertussis: http://www.dphhs.mt.gov/publichealth/cdepi/index.shtml</u> <u>Hantavirus: http://www.dphhs.mt.gov/publichealth/cdepi/index.shtml</u>

<u>Ticks: http://www.dphhs.mt.gov/publichealth/ticks/index.shtml</u>
<u>Mold: http://www.dphhs.mt.gov/publichealth/cdepi/mold.shtml</u>
Water safety: http://www.dphhs.mt.gov/publichealth/rwii/

### **24/7 AVAILABILITY**

The Communicable Disease Epidemiology (CDEpi) Program is available 24 hours a day, 7 days a week, 365 days a year, to assist local health jurisdictions. Local providers should call, including after normal business hours, their local health jurisdiction. The CDEpi 24-hour line is available as a back-up to the local health jurisdiction's 24-hour line. If you need CDEpi assistance, please call 406.444.0273. Phone calls to this number outside of normal business hours will be answered by the answering service. The answering service will immediately forward the message to CDEpi, and we will respond as quickly as possible.

Local health jurisdictions, please ensure that your local providers have your 24/7/365 contact information. And please inform CDEpi or the Public Health Emergency Preparedness Program of updates to your required 24/7 contact information.

This update is produced by the Montana Communicable Disease Epidemiology Program. Questions regarding its content should be directed to 406.444.0273 (24/7/365). For more information: <a href="http://cdepi.hhs.mt.gov">http://cdepi.hhs.mt.gov</a>